

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**09783779**

FILING DATE  
**02/22/01**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
(6)	1						56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
(11)	1						61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
(17)	1						67						
18		1					68						
19		1					69						
(20)	1						70						
21		1					71						
22		1					72						
(23)	1						73						
24		1					74						
25		1					75						
(26)	1						76						
27		1					77						
(28)	1						78						
29		1					79						
30		1					80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	22						TOTAL DEP.						
TOTAL CLAIMS	30						TOTAL CLAIMS						